



AUG 0 8 2002 .

For Ecology Use

Fee Paid _

Date _

State of Washington EPT OF ECOLOGY Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

Section	1. APPL	ICANT	- PERSO	N, ORGA	NIZATION, O	R WAT	ER S	YSTEM	
Name J.B	+J.M H	elsell	Limiteo	Partner	Shop. Home Tel:	360) 37	6 - 4	721	
					Work Tel:(The state of the s			
City Eas	tsound	<u></u> s	tate Wq. Zi	p+49824	FAX	:(360) 37	76 -4	721	
	2. CON		PERSON	TO CAL	L ABOUT THI	E APP LI	CATI	ON .	
Mailing Add	tsound	Lime	Quarry tate wa Zi	Road p+4 9 824	Home Tel:(Work Tel:(FAX wited Parthe	360) 371 :(360) 37	16 -47	21	
Section	3. STAT	EMENI	OF INT	ENT					
□ cubic fee purpose(s) c DESCRIPT not sufficient Estimate a t □ Che neec	et per second of Dome TION OF The one of the warded:	I) from a K STIC W HE PLACI nual quanti ter use is pr	I surface wat /a + er (E OF USE. ty to be used roposed for a to	er source or PR GATIC (See instruct in acre-feet	ground water so on STOCK WATER HORS.) NOTE: A tax per year: 15	urce (check FRING . A parcel nun	ATTAC	ne) for the H A "LEGAL" a plat number is	
If SURFA	CE WATE	3R			If GROUNDWAT	ER			
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Seasonal Surface run off from a watershed of about Number of diversions: 35 acres Surrounding Pend				spring,	A permit is desired for well(s).				
Source flo	ws into (nan	ne of body			Size & depth of wel	l(s):			
LOCATION	ON	L X at			· · · · · · · · · · · · · · · · · · ·			110 ms 775 - 45 - 1	
nearest se	ection corne	er: 1991	D'N43	3040 M	om the point of di est of SE of Llowing 40	CORNER	e of	sect. 31	
				/		_	If location of source is platted, complete below:		
¼ of	¼ of		County	Lot	Block	Subdivision			
NE	5W	31	37N	2. W	Gan Juan				
	Use Date Rept/Not Exempt	FERC	License #		Dept. Of Healt	th #		WRIA: 2	

ECY 040-1-14 Rev. 9/95 F

APPLICATION

Appl. No.: 51-28147

Section 5. GENERAL WATER SYSTEM INFORMATION Name of system, if named: Helsell Pond Briefly describe your proposed water system. (See instructions.) B. The pond surface is approximately 5 acres in area with a maximum depth of 14, It is fed by seasonal Surface Run off from an area of approximately 35 acres. The intended use is for swillimming aboating, a domestic water supply for 5 houses, camping sites WATERING STOCK, a dairy 4 IRRIGATING FIELDS & gardens. Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.) Number of "connections" requested: 5 Type of connection Homes 4 camp sites (Homes, Apartment, Recreational, etc.) Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. Complete C. and D. only if the proposed water system will have fifteen or more connections. C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☑ NO If yes, when was it approved? Please attach the current approved version of your plan. D. Do you have an approved conservation plan? ☐ YES Ø NO If yes, when was it approved? Please attach the current approved version of your plan. Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.) Total number of acres to be irrigated: 12 List total number of acres for other specified agricultural uses: Use Pastures Acres 10 Use Uege fable garden 4 ORCHAADAcres 2 Total number of acres to be covered by this application: 150 C. D. Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). Is the combined acreage greater than 2000 acres? D YES & NO

Do you have a controlling interest in a Family Farm Development Permit?

Stockwater - Total # of animals 22 Animal type (If dai Dairy - # Milking / # Non-milking 3

10 horses 4 cattle 6 sheep 10 chick ens

If yes, enter permit no:

Farm uses:

D YES X NO

(If dairy cattle, see below)

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

YES - NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Turn Non Sawmill Road from Deer Haibor Road Proceed. 47 miles TO FORK IN Road, Take left fork for .3 miles TO pond site

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

MAP ATTACHED

Section 11. PROPERTY OWNERSHIP

A.	Does the applicant own the land on which the water will be used?	M YES	O NO
	If no, explain the applicant's interest in the place of use and provide the name(s) a	and address(es) of the	
	owner(s):		

Submersible pump and added to an existing systems

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

YES - NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Same

7/30/02

Date

Landowner for place of use (if same as applicant, write "same")

Date

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return (date).	your application by
Scology staff Da	ite

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).